Sep. 7. 1993 5:33PM No. 3207 P. 3

ETS+SS

DOCUMENT INVENTORY FORM - ~~ETS~~ SS

Name: —

TEAM ASM ~~Department:~~ ASM

Office Location: —

Tel. Extension: —

Please provide estimates of ETS related records in each of the following:

Subject/Category	Record Type	Quantity	Location ROOM	FORM OF STORAGE ~~Medium~~	Time Period
—	DIAGRAMS	—	—	—	
	DOCUMENTATION	~~3~~ 4	[illegible]	B00	
	PMF	2	[illegible]	B1	
	PROTOCOLS	~~1~~ 1	[illegible]	B00	
	RAW DATA	—	[illegible]		
	REPORTS	—	—		

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